

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025213

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 251
FILED JUN 25 1963

Primary Registration District No. 3048

Registrar's No. 131

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Maryville	
Length of stay in 1b 7 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 324 East 13th St.	
3. NAME OF DECEASED (Type or print) First ANNIE Middle HACKETT Last HACKETT		4. DATE OF DEATH Month 6 Day 12 Year 63	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/17/70
9. AGE (last birthday) 92		10. IF UNDER 1 YEAR Months 2 Days 12 Hours 63 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (City and state or country) Graham, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Moses Smith		13b. MOTHER'S MAIDEN NAME Lydia Griffin	
14. NAME OF HUSBAND OR WIFE Wm. H. Hackett, dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Guy Aley, Maryville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 30 days DUE TO (b) Yersinia DUE TO (c) 30 days		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:00 a.m. 12 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jan 1 - 1963		20f. CITY, TOWN, OR LOCATION 6/12/63	
21. I attended the deceased from 3:00 to 6/12/63 and last saw her alive on 6/14/63 Death occurred at 3:00 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. D. Price (Degree or title) M. D.	
22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 6-14-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/14/63	
23c. NAME OF CEMETERY OR CREMATORY Ohio		23d. LOCATION (City, town, or county) (State) Burlington Jct., Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 6-15-63	
26. REGISTRAR'S SIGNATURE Beas / vol			

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed GD Merrick

Licensed Embalmer No. 5188

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.